

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13575

State File No. ....

FILED APR 22 1953

BIRTH NO. .... REG. DIST. NO. 65 PRIMARY REG. DIST. NO. 5250 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>CHARITON</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>CHARITON</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRUNSWICK RURAL 82708</b>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>BRUNSWICK RURAL 0210</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>			d. STREET ADDRESS (If rural, give location) <b>1 1/2 mi. NE. of BRUNSWICK Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>ROBERT</b> b. (Middle) <b>ANDERSON</b> c. (Last) <b>MAGRUDER</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 11 1953</b>		
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>DIVORCED 3</b>	
8. DATE OF BIRTH <b>JAN. 23<sup>RD</sup> 1871</b>		9. AGE (In years last birthday) <b>82</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>FARM WORK</b>		11. BIRTHPLACE (State or foreign country) <b>BRUNSWICK Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		13a. FATHER'S NAME <b>W.T. MAGRUDER</b>		13b. MOTHER'S MAIDEN NAME <b>JOANNA HERRING</b>	
14. NAME OF HUSBAND OR WIFE <b>DIVORCED</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>491-16-9823</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>MRS. ORA M. WOODWARD</b>		18. ADDRESS <b>BRUNSWICK Mo.</b>		19. MEDICAL CERTIFICATION	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  * This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis &amp;</b> DUE TO (c) <b>Hypertension</b>		INTERVAL BETWEEN ONSET AND DEATH <b>9 days</b> <b>10 yrs</b> <b>5 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>April 3, 1953</b> , to <b>April 11, 1953</b> , that I last saw the deceased alive on <b>April 11, 1953</b> , and that death occurred at <b>7:30 P.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>D. W. Stuart M.D.</b>		23b. ADDRESS <b>Branswick Mo.</b>		23c. DATE SIGNED <b>4/14/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>4-13-1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>ELLIOTT GROVE</b>	
24d. LOCATION (City, town, or county) (State) <b>BRUNSWICK Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>L. W. Meissel</b>		ADDRESS <b>Branswick Mo.</b>	
DATE REC'D BY LOCAL REG. <b>4-17-53</b>		REGISTRAR'S SIGNATURE <b>Mildred Boone</b>		56-0	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Student Embalmer No. ....

working under my personal supervision.

Student .....

Student Embalmer

Signed.....

*L. M. Weissel*

Licensed Embalmer No. ....

*823*

P. O. Address.....

*Brunswick, N. C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.